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Air Force Nurses Celebrate Corps' 64th Birthday

By David A. Dickinson and
Bernard S. Little
WRNMMC Journal staff writers

Air Force nurses and staff at Walter Reed National Military Medical Center celebrated the 64th birthday of the United States Air Force Nurse Corps July 1.

During the celebratory program held in their honor, Walter Reed Bethesda Commander, Rear Adm. Alton L. Stocks, and Deputy Commander for Nursing, Navy Capt. Patrice Bibeau, praised nurses for what they do at the Nation's Medical Center, caring for wounded warriors and their families.

Keynote speaker at the program, Air Force Col. Marla Buckles, the 779th Medical Group chief nurse at Joint Base Andrews' Malcolm Grow Medical Clinic, explained the evolution of the Air Force Nurse Corps. She said Capt. Lillian Kinkella Keil was the most decorated woman in American military history. An Air Force flight nurse pioneer, Keil was a stewardess when the U.S. entered World War II. She joined the U.S. Army Air Forces (USAAF) and by 1943, was serving in England treating the wounded. Keil also flew on 425 combat evacuation missions, took part in 11 major campaigns, including the D-Day invasion of France, the Battle of the Bulge in World War II and the Battle of Chosin Reservoir in Korea. Awarded 19 medals for her heroism during World War II including pulling wounded and frostbitten crewmen out of B-17s returning from bombing raids over Europe and credited with tending to 10,000 wounded service members, Keil's experiences were used as the basis for a 1954 Hollywood movie, "Flight Nurse."

Buckles explained the original Air Force Nurse Corps emerged from the Army Nurse Corps in 1949 when 1,199 nurses were transferred over to the newly-formed Air Force branch. The Air Force Nurse Corps' first chief was Col.

Verena Marie Zeller, who served

See **CORPS** page 8



U.S. Air Force photo by Melanie Moore

Captains Brian Santos and John Plott, 79th Medical Wing nurses in the Post Anesthesia Care Unit (PACU), set up a patient's cardiac monitor while Capt. Thomas Borsari, a staff anesthesiologist, performs a thorough patient assessment during the Capital Shield II Exercise at Andrews Air Force Base, Md. The PACU evaluates patients before and after they are taken to the operating room for surgery.

Commander's Column

Being CO of an installation like this presents me with some unique opportunities that I often find myself thrilled and humbled to be able to be a part of. This past weekend I had the chance to “give away” the bride at a wedding between two of our Building 62 residents. That was my only “CO duty” over the Fourth of July weekend, the rest of the time I spent with my family. The wedding, combined with all of the one on one time I got to spend with my girls over the holiday has me reflecting on the importance of family.

If I were to ask you what the most important thing in your life is, many of you would say family. It may be the family you're born into, one you marry into or one you create in a variety of ways. And if I were to press further and ask “what would you do for your family,” you'd probably answer that you'd do anything. We would give them anything. Yet we often don't give them the one thing they often want/need more than anything else - time. I mean that in both the “time spent” sense and equally important, in the life expectancy sense. Making yourself as well as possible through the right diet and exercise can help you be there for your family for many years to come. In the military we're lucky enough to have the tools to do this at our disposal (fitness centers, dieticians, health care providers) yet we frequently don't take advantage of this. If we all know this and we would do “anything” for our family, why is that one so hard?

Physical health is important, but



so is mental health. When talking about giving time back to your family, it's important that it's quality time. Marriage and parenting are stressful. Compound that with military life and it's easy to find yourself not at your best when you're home. But this is another area where we have more resources available than a lot of our civilian counter-

parts. Fleet and family offer a variety of programs and services to help alleviate some of the stress in your life. If you'd do “anything” for your family, why not sit through a stress management, marriage or parenting class? What's the worst that could happen?

Let me close by saying I hope this doesn't come off as too preachy. We all have areas where we could improve and I don't think there's a parent out there who hasn't looked at their kids and thought “I'll never be able to give them as much as I'd like to.” And when we're thinking that it's often not about material things but about giving them meaningful interaction. We often think about all the “anythings” we'd do for our families but don't often think about the “somethings” that we can give ourselves that make time more meaningful to them. Commit to doing something this week, even something that makes it clear to your family you love them.

**All Ahead Full,
Capt. Frederick (Fritz) Kass
Naval Support Activity
Bethesda
Commanding Officer**

Bethesda Notebook

Pharmacy Hours

The Walter Reed National Military Medical Center Pharmacies are no longer open on Saturdays. The Arrowhead Pharmacy's hours are Monday through Friday, 8 a.m. to 7 p.m., and the America Pharmacy's hours are Monday through Friday, 7 a.m. to 6 p.m. The Drive-thru Refill Pickup Point is open Monday through Friday, 8 a.m. to 6 p.m. The Pharmacy will continue to provide 24/7 support for the Emergency Room and for all hospitalized patients. For questions about Pharmacy Services, call the Pharmacy Call Center at 301-295-2123.

Prostate Cancer Support Group

The Prostate Cancer Support Group meets at Walter Reed National Military Medical Center the third Thursday of every month for discussions about prostate cancer. The next meeting will be July 18 from 1 to 2 p.m. and 6:30 to 7:30 p.m. in the America Building, River Conference Room (next to the Prostate Center), on the third floor. Spouses and partners are invited. Military ID is required for base access. For those who don't have a military ID, call Prostate Center at 301-319-2900, 48 hours prior to event for base access. For more information, contact retired Col. Jane Hudak at 301-319-2918 or jane.l.hudak.ctr(at)health.mil, or Vin McDonald at 703-643-2658 or vpmjam@aol.com.

DAISY ceremony

The next quarterly DAISY ceremony will be Aug. 15 at 10 a.m. in Memorial Auditorium and nominations for the award honoring Walter Reed Bethesda's extraordinary nursing team members are due no later than July 19. For more information, call Christina Ferguson at 301-319-4148 or Joan Loepker-Duncan at 301-319-4617.

Ask Your Leadership

Ask Your Leadership is a new staff communication tool for you to view and post questions or comments for official responses from the Walter Reed Bethesda (WRB) command leadership. The tool is on the WRB Intranet page. Click on the Town Hall/Leadership Forum icon, and then click on Ask Your Leadership.

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**By Mass Communication
Specialist 3rd Class Brandon
Williams-Church
NSAB Public Affairs
staff writer**

“In order to have the staff member most effective and at their best their families have to be taken care of too,”



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National Kidney Foundation Honors Walter Reed Bethesda Social Worker

By Cat DeBinder
WRNMMC Journal staff writer

Kevin Ceckowski, a social worker in the Nephrology Transplant Clinic at Walter Reed Bethesda, has been selected as the 2013 National Kidney Foundation (NKF) Renal Social Worker of the Year for the National Capital Area.

Nominations for this award are reviewed by a panel of NKF staff, which looks at whether the social worker was nominated by patients or staff members, the number of nominations received, and the substance of each nomination, NKF officials explained.

Ceckowski, a practicing social worker since 1991, began working with transplant patients in the Nephrology Transplant Clinic in 1997 at the former Walter Reed Army Medical Center before it integrated with National Naval Medical Center to form Walter Reed National Military Medical Center (WRNMMC) in 2011. In addition to his work with kidney transplant patients, Ceckowski also provides assistance to those who undergo dialysis.

Ceckowski said he “had to do a double take,” as he “could not believe his ears” when he received the con-

gratulatory phone call from the NKF. “I am truly grateful for the honor to serve as one of the NKF’s ‘best’ in the region and to represent this institution in the process,” Ceckowski said.

The social worker added, “It’s truly an amazing experience to have a job for so long in one place [at WRAMC and WRNMMC]. I’ve seen folks come in as interns who are now full birds.”

Dr. Christine Yuan, who nominated Ceckowski for the award, said his routine duties are “heavy and numerous. Along with other responsibilities, he supports the needs of 25 to 30 chronic dialysis patients, arranges follow-up care for inpatients requiring dialysis, assists with end-stage renal benefit planning and performs psychosocial evaluation of potential kidney transplant donors.

“I nominated Mr. Ceckowski because of his professionalism, kindness, imagination, and commitment to excellence in patient care and physician training,” Yuan said. “We are all grateful to him!”

Rear Adm. Alton L. Stocks, WRNMMC commander, echoed those sentiments in an email to staff. “This is a great honor, and richly deserved! Thank you, Mr. Ceckowski, for all you do for our patients,” the admiral stated.



Photo by Cat DeBinder

Kevin Ceckowski, a social worker at Walter Reed Bethesda, was recently selected 2013 National Kidney Foundation Renal Social Worker of the Year for the National Capital Area.

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What Did You Do This 4th of July?

By Master-at-Arms Seaman April Beazer
NSAB Public Affairs staff writer



**Hospital Corpsman 2nd Class Justin Purnell,
Main Operating Room**

"My favorite part of the holiday was getting out of town and seeing some family. It was my Niece's birthday, so we had a birthday party/Fourth of July cookout and instead of going to see fireworks, we went over to a neighbor's house and we took turns doing our own fireworks show."



Chief Legalman Ronald Ratliff, Legal Office

"For the holiday, I drove home to Tennessee and spent the weekend with my folks. We had a barbeque and my family came up to visit. We ate a lot of food and laughed a lot."



Sgt. Keith Evans, Fort Meade

"My favorite part was that I didn't have to worry about getting up. It was just a little relaxation, getting away from the phone calls, paperwork, whatever day-to-day activities that go on at work. On the Fourth of July I went out and hung out with some friends."

Walter Reed Bethesda Frocks Sailors



Photo by Bernard S. Little

Walter Reed Bethesda Chief of Staff Army Col. Ramona Fiorey (bottom row left) and Command Master Chief Terry Prince (top row center) join the more than 70 newly promoted E-4 through E-6 Sailors at Walter Reed Bethesda celebrating their advancement during a frocking ceremony last month in the Memorial Auditorium.

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Army Combat Uniform – Alternate

This 2010 graphic shows a breakdown of proposed changes to combat uniform design to better fit female soldiers. In March, the uniform was approved for use by both sexes. Soldiers will decide whether to wear the ACU or the ACU-A.



Items not shown

- Removed drawstring/added elastic waistband
- Shortened button fly
- Repositioned pockets on lower leg and cargo
- Material on each side of the shoulder blades taken in to conform to the narrower female back, allowing greater freedom of movement.

- A** Shoulder width narrowed
- B** Rank insignia moved above the breast
- C** Adjusted sleeve length and width
- D** Repositioned elbow patches
- E** Repositioned pencil and sleeve pockets
- F** Adjusted the cut of the material to conform to a woman's chest, hip, and waist size
- G** Longer length front and back
- H** Adjusted hip to waist ratio
- I** Adjusted the front and back rise to fit the female body
- J** Repositioned knee patches

Source Army.mil

ACU-Alternate uniform offers more fit options

By Spc. Danielle Gregory

A new Army Combat Uniform with special consideration to the female form is now at Fort Sill, Okla., and it is being issued to new Soldiers going through Basic Combat Training.

The new uniform, several years in the making, was initially considered as being the first female-only uniform, but instead is now approved for both sexes and is being called ACU-A for Army Combat Uniform-Alternate.

"We started issuing them slowly in April, and we've since been issuing them more frequently as our fitters get more comfortable placing Soldiers in them," said Trevor Whit-

worth, Central Initial Issue Point (CIIP) project manager, where new Soldiers are first issued their uniforms.

"They were initially designed for female Soldiers, but we were told if we find male Soldiers that these would fit better than the ACUs then we can issue it to them as well," Whitworth said. "It's more about the fit and the body type."

The new uniform trousers feature: wider areas at the hips, waist and backside; elastic around the waistband instead of a pull string; adjusted pockets and knee-pad inserts; and a shortened crotch length.

In the jackets, changes include: adjusted rank and nametape posi-

tioning; adjusted pockets and elbow-pad inserts; slimmer shoulders; a thinner and more fitted waist; and a longer and wider ACU coat bottom. Also, buttons are replacing the Velcro pockets.

"If it makes you more comfortable in wearing that, then I think it's well worth it," Whitworth said. "When you're low crawling or doing a lot of physical training it's nice to have a pair of trousers that have a little give-and-take in them. I think having made uniforms for a female body type, will make a big difference for female Soldiers."

Compared to the original ACUs, which were designed principally by males for males, the new ACU-As

were created to fit a wider range of body types; so there are also a lot more sizes to choose from 13 sizes in both the jacket and trouser.

"The old uniform was meant to be one size fits five sizes; these are more tailored," Whitworth said.

First Lt. Beatriz George, Reynolds Army Community Hospital dietitian, said she thinks it's great to have more sizes to choose from. She added when Fort Sill gets the uniforms at the Military Clothing Sales store she will try them on and consider buying a pair.

"With our uniforms now, its like it's either too tight or too big; it

See ACU page 10

New Army Post-9/11 GI Bill transfer policy to take effect Aug. 1

By C. Todd Lopez

Beginning Aug. 1, 2013, every Soldier who elects to transfer their Post-9/11 GI Bill benefits to a family member will incur an additional four years in the Army, without regard to their time in service.

The policy already applies to nearly every Soldier in the Army — and has since the beginning of transferability in 2009. Until now, Soldiers who were nearing retirement were eligible for certain exemptions from the policy.

That will no longer be the case. This policy change affects them.

“This policy was drafted in 2009 and takes effect Aug. 1, 2013. It is important that we inform Soldiers of this existing policy regarding the Post 9/11 GI Bill benefits,” said Lt. Col. Mark Viney, chief of the Enlisted Professional Development Branch, Army G-1.

That news comes in a message to military personnel, dated April 15, 2013.

The rule largely affects senior officers and enlisted Soldiers who are retirement-eligible. As of now, these Soldiers may be able to transfer benefits to their loved ones with anywhere from zero to three years of additional service.

Soldiers who are not retirement eligible, electing to transfer their GI Bill benefits to a family member means committing for an additional four years.

Beginning Aug. 1 that rule will apply to all Soldiers, whether they are retirement-eligible or not.

“The Post-9/11 GI Bill. Soldiers are entitled to the



Source Army.mil

Beginning Aug. 1, 2013, every Soldier who elects to transfer their Post-9/11 GI Bill benefits to a family member will incur an additional four years in the Army, without regard to their time in service.

benefit for their own use, but to transfer to dependents: that is used as a recruiting and retention tool,” said Lt. Col. Mark Viney, chief of the Enlisted Professional Development Branch, Army G-1.

Viney also serves as the policy proponent for the Army’s Post-9/11 GI Bill Transfer of Education Benefits Program.

“We want Soldiers to be informed of the impact of this policy,” Viney said.

“This is going to impact their decisions and their

families, and whether or not they are going to have this money available to fund their dependent’s education.”

Veterans Affairs, or VA, also has eligibility requirements for transferability. A Soldier must have six years of active duty in order to transfer his GI Bill benefits.

In some cases, if a Soldier has incurred additional time in service in order to transfer GI Bill benefits to a family member, and is afterward unable to serve that additional time in service,

he or she may be required to pay back those benefits.

Viney said that as the Army draws down, some Soldiers will be involuntarily separated under force-shaping initiatives. Soldiers who are separated early under such circumstances and who had previously transferred their Post-9/11 GI Bill education benefits to their dependents may retain the transferred benefits, without needing to repay them to the VA.

Soldiers who were retirement eligible after August

1, 2009 and before August 1, 2012 and who are considering transferring their benefits to their dependents should review their service obligation before doing so. All Soldiers will incur a four-year service obligation after Aug. 1, 2013 if they transfer their benefits to their dependents.

Soldiers with questions about transferring their Post-9/11 GI Bill education benefits to their dependents should contact their approving official.

Defense Department Will Muscle Through Furlough Period

By Jim Garamone
American Forces
Press Service

As the Department of Defense (DOD) enters the furlough period, the department will concentrate on the core mission of defending the United States and its interests, Pentagon Press Secretary George Little said Monday.

“That’s where our center of gravity is during this fur-

lough period,” Little said.

Because of sequestration, Defense Secretary Chuck Hagel made the difficult decision to furlough about 85 percent of DOD civilian employees one day a week through the end of the fiscal year, a total of 11 days, the press secretary said. “My assumption is the vast majority of that population is on furlough at least one day this week,” Little said.

Little estimated the action will save the depart-

ment \$1.8 billion by the end of September.

Some missions in the department will be impacted, he said. “We’re very clear with our own staff that there will be some impact, and we expect other offices to have similar impacts,” the press secretary said.

What happens in fiscal 2014 remains up in the air, Little said in response to a reporter’s question about the possibility of future layoffs. “We’re getting ahead

of ourselves talking about layoffs at this stage,” he said. “Right now we’re in the furlough period and no decisions have been reached about what may happen going forward.”

Much of what will happen depends on the government’s ability to move beyond sequestration, Little said. “[Hagel] has been clear that he would like for there to be a deal on sequestration, so we can lift this burden off of all our employees

in the department,” Little said.

Sequestration “was an unfortunate mechanism designed to avoid unfortunate consequences. We’re seeing some of those consequences already in regards to military training and readiness,” the press secretary said.

“It’s unfortunate we’re in this period but we’re going to muscle through it best we can,” he added.

Bono Assumes Command of JTF CapMed

By Bernard Little
WRNMMC Journal
staff writer

In a ceremony held at Walter Reed National Military Medical Center on July 2, Army Maj. Gen. Steve Jones relinquished his command of the Joint Task Force National Capital Region Medical (JTF CapMed) to Navy Rear Adm. Raquel Bono. Jones will take command of the Army Medical Department Center and School at Fort Sam Houston, Texas.

Special guest speaker at the ceremony, Dr. Karen Guice, principal deputy assistant secretary of defense for Health Affairs, passed the JTF CapMed colors from Jones to Bono, signifying the change in leadership.

Prior to assuming command of JTF CapMed, Bono was the command surgeon, U.S. Pacific Command, Camp H.M. Smith, Hawaii. She was also deputy director, Medical Resources, Plans and Policy, Chief of Naval Operations.

Additionally, she served as the chief of staff, deputy director Tri-care Management Activity of the Office of the Assistant Secretary of Defense, Health Affairs, commanding officer of Naval Hospital Jacksonville, Fla., and was also the executive assistant to the 35th Navy Surgeon General and Chief, Bureau of Medicine and Surgery.

In September 2007, JTF CapMed was established as a fully functional standing task force at Walter Reed Bethesda and reports directly to the Secretary of Defense through the Deputy Secretary of Defense. JTF CapMed is charged with leading the way for the effective and efficient consolidation and realignment of military health care in the National Capital Region, according to the JTF CapMed officials Navy Vice Adm. John Mateczun, initially appointed to lead the mission, retired in March 2012, and Jones, then the deputy commander of JTF CapMed, assumed its command.



Photo by Katrina Skinner, Joint Task Force National Capital Region Medical

Navy Rear Adm. Raquel Bono (left) accepts the flag and command of Joint Task Force National Capital Region Medical from Dr. Karen Guice, Principal Deputy Assistant Secretary of Defense for Health Affairs, during a ceremony in Walter Reed Bethesda's Memorial Auditorium on July 2. Army Maj. Gen. Steve Jones (right) relinquished command of the JTF CapMed, which he had led since March 2012, during the ceremony and will take command of the Army Medical Department Center and School at Fort Sam Houston, Texas.



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CORPS

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in the position from 1949 to 1956. In 1955, the Air Force Nurse Corps first accepted male nurses as Reserve officers, and six years later, males were commissioned as active duty nurses in the Air Force.

In 1970, Ethel Ann Hoefly, a pioneer in flight nursing, was the first Air Force Nurse Corps chief promoted to brigadier general. Maj. Gen. Barbara Brannon became the first two-star general to lead the Air Force Nurse Corps in 2003, Buckles continued.

Maj. Gen. Kimberly A. Sinscalchi has led the Air Force Nurse Corps since 2008, and she also serves as Assistant Air Force Surgeon General, Medical Force Development. She leads a Total Nursing Force in the Air Force of more than 18,000 members including active duty, Air National Guard, Air Force Reserve,

civilians and contractors, according to Air Force officials.

"Nursing is a profession vital to the success of our health care system," Sinscalchi said before the U.S. Senate in 2009. "Our top priorities include, first and foremost, delivering the highest quality of nursing while concurrently staging for joint operations today and tomorrow. Our warriors and their families deserve nothing less than skilled and educated nurses and technicians who have mastered the art of caring. It is the medic's touch, compassion, and commitment that often wills the patients to recovery and diminishes the pain."

The Walter Reed Bethesda celebration concluded with the traditional birthday cake cutting by the youngest and longest serving members of corps in attendance. After Buckles and 1st Lt. Amanda Higdon cut the cake, they shared a piece, symbolizing the passing of knowledge from one generation to another.

For more news from other bases around the Washington, D.C. area,

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Army Surgeon General Visit



Photo by Mass Communication Specialist John K. Hamilton

Army Surgeon General Lt. Gen. Patricia D. Horoho (left) visits members of the Warrior Transition Brigade to congratulate them on a job well done for their perilous efforts in support of Wounded Warriors.



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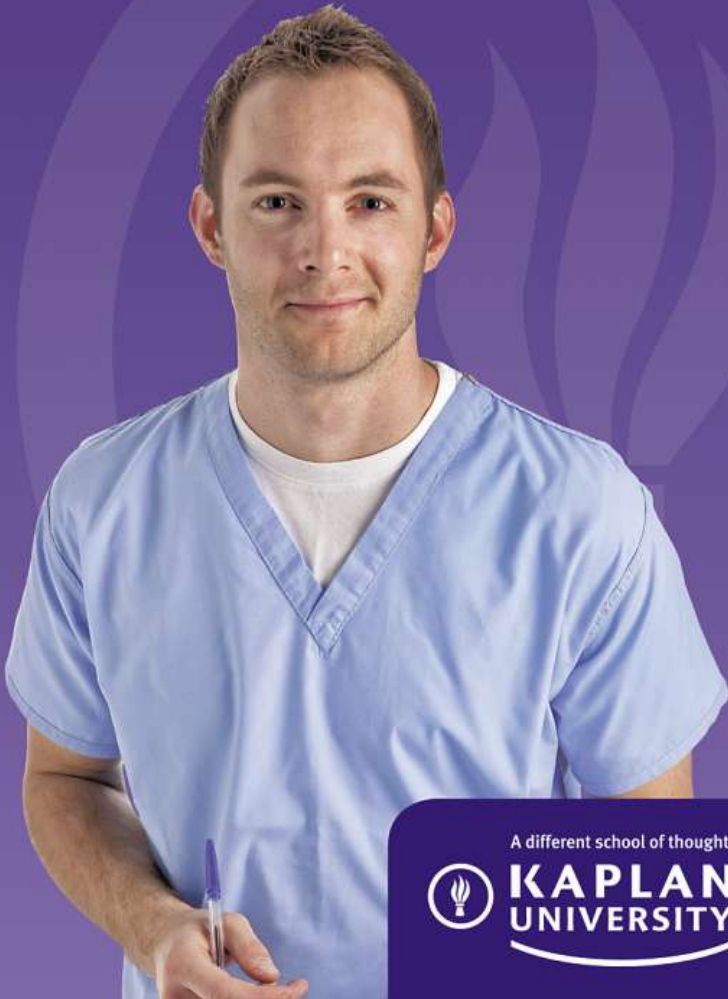
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Army Initiating Collaborative Effort to Address TBI, PTSD



Source Army.mil

Brig. Gen. (Dr.) John M. Cho, deputy chief of staff for Operations (G-3/5/7), Army Medical Command, addresses the issue of post-traumatic stress disorder and traumatic brain injury, on Capitol Hill, June 22.

By David Vergun

Over the last 12 years, many Soldiers have returned from Iraq and Afghanistan with wounds, some visible and some not, said a leader in Army Medicine.

“The invisible wounds - post-traumatic stress disorder and traumatic brain injury - are just as damaging as the visible ones. They impact the families as well as the Soldiers,” said Brig. Gen. John M. Cho, a doctor, and deputy chief of staff for operations with Army Medical Command.

An Iraq war veteran himself, Cho spoke June 22 outside the Capitol Building in Washington, D.C., as part of National Post-Traumatic Stress Disorder Day.

This year’s theme was “Visible Honor for Invisible Wounds.”

Post-traumatic stress disorder, known as PTSD, and traumatic brain injury, or TBI, are not just military-specific issues, Cho said. “They deserve a national discussion.”

A big part of that discussion, he said, needs to focus on reducing

the stigma associated with mental health issues.

Besides a national discussion, Cho said agencies need to come together, both inside and outside the military, to learn more about identifying and treating PTSD and TBI, as well as preventing it in the first place.

Cho said a PTSD diagnosis is particularly challenging, as “you can’t simply get a lab test or take an X-ray to find it.”

As part of its collaborative effort, the Army is participating in a \$60 million research study for TBI, sponsored by the National Football League, General Electric and Under Armour, he said.

Also, \$700 million has been allocated toward both PTSD and TBI as the result of an Aug. 31, 2012, White House executive order to go after the problem with renewed effort in a collaborative manner with the Department of Veterans Affairs and other organizations.

Additionally, the Army has set up seven “restorative centers” in Afghanistan, where TBI can be identified and treated, often allowing Soldiers to stay in theater as they improve, he said.

He explained that PTSD often, but not always, occurs with TBI, and that relationship too is being researched.

“We’re nowhere near where we want to be, however, when it comes to researching PTSD and TBI,” he said, “a lot more needs to be done.”

Cho said PTSD impacted him personally when his brother, who also is a U.S. Military Academy graduate, returned from Afghanistan. His brother was suffering from PTSD.

He sought treatment and is better now, Cho said, adding that his brother is telling his story to other Soldiers in an effort to get them to seek care.

“We know treatment helps,” Cho said. “We can help them get better and they can continue to serve in our Army with honor and distinction.”

As a result of his brother’s experience, Cho said he’s a big believer in group therapy, particularly cognitive processing psychotherapy.

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ACU

Continued from 6

doesn’t feel right as they are now,” George said. Although interested in the new uniforms, she said if they were created to be noticeably different, she wouldn’t want to wear them.

“What’s great about the military is that everyone is equal, and it’s one of the few professions where men and women are paid the same, but if you can’t tell, and they are unisex, then I’m OK with it,” George said.

Program Executive Office (PEO) Soldier, the program that develops and improves military uniforms and equipment, developed the new uniforms by letting male and female Soldiers wear the uniform and provide feedback. This came about after a 2008 focus group of female Soldiers showed PEO Soldier that ACUs have a non-female friendly fit.

Many females in the focus group reported that the knee-pad inserts fell on their shins, that they didn’t have as much mobility because of the poor fit, and that they felt they had an overall unprofessional appearance.

Maj. Sequana Robinson, who was one of many that tested the new uniform, said in a PEO Soldier press release that she was very skeptical when first hearing of the uniforms; she didn’t think women

needed a uniform more fitted to their bodies, but after trying it on the first time, she was very pleased with the fit.

PEO Soldier is also in the process of developing a female body armor and female flight suit, which are still in development stages.

New black and yellow PT uniforms are also in the development stages, and a new improved duffle bag, which includes a zipper, has just been released and is being issued to basic training Soldiers.

ACU-As are now available for all Soldiers at posts including: Fort Hood, Texas; Fort Lee, Va.; Fort Belvoir, Va.; and Fort Eustis, Va., but Fort Sill’s Military Clothing Sales Store does not carry them yet.

“Clothing Sales at Fort Sill won’t have the uniforms available until sometime near the end of the year,” said Henrietta Haughton, a manager at the Fort Sill Military Clothing Sales Store.

Although the ACU-A is not yet available for purchase brand new at Fort Sill, Whitworth recommends that Soldiers start coming to the reclamation sales they hold every month. The reclamation sell is where Soldiers can buy uniforms lightly used by trainees who do not complete Basic Combat Training.

Because the CIIP here just started issuing the new ACU-As in April, Soldiers might start to see a few of these uniforms at reclamation sales starting in August, Whitworth said. He urged Soldiers to get to the sale early, because uniforms go fast.



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